

HEALTHY COMMUNITIES **TOOL**
Nutrition & Physical Activity **KIT**



III. Community Assessment

**PHYSICAL
ENVIRONMENT**
(ASSESSING WHAT'S OUT THERE)

TOOL KIT

HEALTHY COMMUNITIES
Nutrition & Physical Activity



✓ Lessons learned

Community leaders from the cities of Moses Lake and Mount Vernon and project partner staff involved in the Healthy Communities Project share the valuable lessons they learned developing their action plans. They share their experience with other communities embarking on this challenging and exciting work.

COMMUNITY ASSESSMENT: PHYSICAL ENVIRONMENT

- A community audit provides baseline information before making assumptions that could be wrong.
- Assessing what the physical environment looks like provides a starting point; a way to measure the work, track changes, and measure success.
- Doing a community audit is an excellent way to pull people together early on in the project. It's a fun, active way to engage more people in the process.
- People learn a lot from being part of a nutrition or walkability audit.
- The expertise of the University of Washington was essential to successfully completing the audit. They provided technical assistance, training, and guidance.

HEALTHY COMMUNITIES TOOLKIT

Nutrition & Physical Activity

July 23, 2002

To Whom It May Concern:

This is a letter written on behalf of the Community Inventory Subcommittee of the *Healthy Communities – Moses Lake Project*. Subcommittee members will be conducting a community inventory or environmental audit to collect information about factors that influence nutrition and physical activity choices in Moses Lake through the end of August. This information will be used to assess the strengths and needs of Moses Lake and will assist the Advisory Committee in choosing a project consistent with needs of the community.

The types of locations subcommittee members will need go to gather this information include:

- Grocery stores and markets
- Schools
- Fast food restaurants
- Bike trails
- Neighborhoods
- Family/sit-down restaurants
- Convenience stores
- Parks

Please assist community members in obtaining the information they need to complete this task. For more information about this project, you may contact Sally Goodwin, community coordinator for the *Healthy Communities - Moses Lake Project* at 764-1745.

Sincerely,

Lee Blackwell, Mayor

Sally Goodwin, Community Coordinator

Bikeability Checklist

How bikeable is your community?

Riding a bike is fun!

Bicycling is a great way to get around and to get your daily dose of physical activity. It's good for the environment, and it can save you money. No wonder many communities are encouraging people to ride their bikes more often!

Can you get to where you want to go by bike?

Some communities are more bikeable than others: how does yours rate? Read over the questions in this checklist and then take a ride in your community, perhaps to the local shops, to visit a friend, or even to work. See if you can get where you want to go by bicycle, even if you are just riding around the neighborhood to get some exercise.

At the end of your ride, answer each question and, based on your opinion, circle an overall rating for each question. You can also note any problems you encountered by checking the appropriate box(es). Be sure to make a careful note of any specific locations that need improvement.

Add up the numbers to see how you rated your ride. Then, turn to the pages that show you how to begin to improve those areas where you gave your community a low score.

Before you ride, make sure your bike is in good working order, put on a helmet, and be sure you can manage the ride or route you've chosen. Enjoy the ride!



National Highway Traffic
Safety Administration



Pedestrian and Bicycle Information Center



U.S. Department
of Transportation

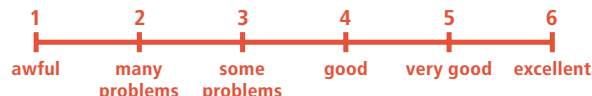
Go for a ride and use this checklist
to rate your neighborhood's bikeability.



How bikeable is your community?

Location of bike ride (be specific):

Rating Scale:



1. Did you have a place to bicycle safely?

a) On the road, sharing the road with motor vehicles?

- ☐ Yes ☐ Some problems (please note locations):
- ☐ No space for bicyclists to ride
 - ☐ Bicycle lane or paved shoulder disappeared
 - ☐ Heavy and/or fast-moving traffic
 - ☐ Too many trucks or buses
 - ☐ No space for bicyclists on bridges or in tunnels
 - ☐ Poorly lighted roadways
- Other problems: _____

b) On an off-road path or trail, where motor vehicles were not allowed?

- ☐ Yes ☐ Some problems:
- ☐ Path ended abruptly
 - ☐ Path didn't go where I wanted to go
 - ☐ Path intersected with roads that were difficult to cross
 - ☐ Path was crowded
 - ☐ Path was unsafe because of sharp turns or dangerous downhill
 - ☐ Path was uncomfortable because of too many hills
 - ☐ Path was poorly lighted
- Other problems: _____

Overall "Safe Place To Ride" Rating: (circle one)

1 2 3 4 5 6

2. How was the surface that you rode on?

- ☐ Good ☐ Some problems, the road or path had:
- ☐ Potholes
 - ☐ Cracked or broken pavement
 - ☐ Debris (e.g. broken glass, sand, gravel, etc.)
 - ☐ Dangerous drain grates, utility covers, or metal plates
 - ☐ Uneven surface or gaps
 - ☐ Slippery surfaces when wet (e.g. bridge decks, construction plates, road markings)
 - ☐ Bumpy or angled railroad tracks
 - ☐ Rumble strips
- Other problems: _____

Overall Surface Rating: (circle one)

1 2 3 4 5 6

3. How were the intersections you rode through?

- ☐ Good ☐ Some problems:
- ☐ Had to wait too long to cross intersection
 - ☐ Couldn't see crossing traffic
 - ☐ Signal didn't give me enough time to cross the road
 - ☐ Signal didn't change for a bicycle
 - ☐ Unsure where or how to ride through intersection
- Other problems: _____

Overall Intersection Rating: (circle one)

1 2 3 4 5 6

Continue the checklist on the next page...

4. Did drivers behave well?

- ☐ Yes ☐ Some problems, drivers:
- ☐ Drove too fast
 - ☐ Passed me too close
 - ☐ Did not signal
 - ☐ Harassed me
 - ☐ Cut me off
 - ☐ Ran red lights or stop sign
- Other problems: _____

Overall Driver Rating: (circle one)

1 2 3 4 5 6

5. Was it easy for you to use your bike?

- ☐ Yes ☐ Some problems:
- ☐ No maps, signs, or road markings to help me find my way
 - ☐ No safe or secure place to leave my bicycle at my destination
 - ☐ No way to take my bicycle with me on the bus or train
 - ☐ Scary dogs
 - ☐ Hard to find a direct route I liked
 - ☐ Route was too hilly
- Other problems: _____

Overall Ease of Use Rating: (circle one)

1 2 3 4 5 6

6. What did you do to make your ride safer?

Your behavior contributes to the bikeability of your community. Check all that apply:

- ☐ Wore a bicycle helmet
- ☐ Obeyed traffic signal and signs
- ☐ Rode in a straight line (didn't weave)
- ☐ Signaled my turns
- ☐ Rode with (not against) traffic
- ☐ Used lights, if riding at night
- ☐ Wore reflective and/or retroreflective materials and bright clothing
- ☐ Was courteous to other travelers (motorist, skaters, pedestrians, etc.)

7. Tell us a little about yourself.

In good weather months, about how many days a month do you ride your bike?

- ☐ Never
- ☐ Occasionally (one or two)
- ☐ Frequently (5-10)
- ☐ Most (more than 15)
- ☐ Every day

Which of these phrases best describes you?

- ☐ An advanced, confident rider who is comfortable riding in most traffic situations
- ☐ An intermediate rider who is not really comfortable riding in most traffic situations
- ☐ A beginner rider who prefers to stick to the bike path or trail

How does your community rate? Add up your ratings and decide.

(Questions 6 and 7 do not contribute to your community's score)

1. _____	26-30	Celebrate! You live in a bicycle-friendly community.
2. _____	21-25	Your community is pretty good, but there's always room for improvement.
3. _____	16-20	Conditions for riding are okay, but not ideal. Plenty of opportunity for improvements.
4. _____	11-15	Conditions are poor and you deserve better than this! Call the mayor and the newspaper right away.
5. _____		
Total _____	5-10	Oh dear. Consider wearing body armor and Christmas tree lights before venturing out again.

Did you find something that needs to be changed?

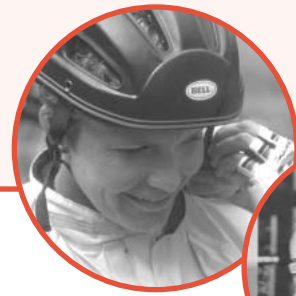
On the next page, you'll find suggestions for improving the bikeability of your community based on the problems you identified. Take a look at both the short- and long-term solutions and commit to seeing at least one of each through to the end. If you don't, then who will?

During your bike ride, how did you feel physically? Could you go as far or as fast as you wanted to? Were you short of breath, tired, or were your muscles sore? The next page also has some suggestions to improve the enjoyment of your ride.

Bicycling, whether for transportation or recreation, is a great way to get 30 minutes of physical activity into your day. Riding, just like any other activity, should be something you enjoy doing. The more you enjoy it, the more likely you'll stick with it. Choose routes that match your skill level and physical activities. If a route is too long or hilly, find a new one. Start slowly and work up to your potential.

Now that you know the problems,
you can find the answers.

Improving your community's score...



1. Did you have a place to bicycle safely?

a) On the road?

No space for bicyclists to ride (e.g. no bike lane or shoulder; narrow lanes)
Bicycle lane or paved shoulder disappeared
Heavy and/or fast-moving traffic
Too many trucks or buses
No space for bicyclists on bridges or in tunnels
Poorly lighted roadways

What you can do immediately

- pick another route for now
- tell local transportation engineers or public works department about specific problems; provide a copy of your checklist
- find a class to boost your confidence about riding in traffic

What you and your community can do with more time

- participate in local planning meetings
- encourage your community to adopt a plan to improve conditions, including a network of bike lanes on major roads
- ask your public works department to consider "Share the Road" signs at specific locations
- ask your state department of transportation to include paved shoulders on all their rural highways
- establish or join a local bicycle advocacy group

b) On an off-road path or trail?

Path ended abruptly
Path didn't go where I wanted to go
Path intersected with roads that were difficult to cross
Path was crowded
Path was unsafe because of sharp turns or dangerous downhill
Path was uncomfortable because of too many hills
Path was poorly lighted

- slow down and take care when using the path
- find an on-street route
- use the path at less crowded times
- tell the trail manager or agency about specific problems

- ask the trail manager or agency to improve directional and warning signs
- petition your local transportation agency to improve path/roadway crossings
- ask for more trails in your community
- establish or join a "Friends of the Trail" advocacy group

2. How was the surface you rode on?

Potholes
Cracked or broken pavement
Debris (e.g. broken glass, sand, gravel, etc.)
Dangerous drain grates, utility covers, or metal plates
Uneven surface or gaps
Slippery surfaces when wet (e.g. bridge decks, construction plates, road markings)
Bumpy or angled railroad tracks
Rumble strips

- report problems immediately to public works department or appropriate agency
- keep your eye on the road/path
- pick another route until the problem is fixed (and check to see that the problems are fixed)
- organize a community effort to clean up the path

- work with your public works and parks department to develop a pothole or hazard report card or online link to warn the agency of potential hazards
- ask your public works department to gradually replace all dangerous drainage grates with more bicycle-friendly designs, and improve railroad crossings so cyclists can cross them at 90 degrees
- petition your state DOT to adopt a bicycle-friendly rumble-strip policy

3. How were the intersections you rode through?

Had to wait too long to cross intersection
Couldn't see crossing traffic
Signal didn't give me enough time to cross the road
The signal didn't change for a bicycle
Unsure where or how to ride through intersection

- pick another route for now
- tell local transportation engineers or public works department about specific problems
- take a class to improve your riding confidence and skills

- ask the public works department to look at the timing of the specific traffic signals
- ask the public works department to install loop-detectors that detect bicyclists
- suggest improvements to sightlines that include cutting back vegetation; building out the path crossing; and moving parked cars that obstruct your view
- organize community-wide, on-bike training on how to safely ride through intersections

Improving your community's score...

(continued)

What you can do immediately

What you and your community can do with more time

4. Did drivers behave well?

Drivers:
Drove too fast
Passed me too close
Did not signal
Harassed me
Cut me off
Ran red lights or stop signs

- report unsafe drivers to the police
- set an example by riding responsibly; obey traffic laws; don't antagonize drivers
- always expect the unexpected
- work with your community to raise awareness to share the road

- ask the police department to enforce speed limits and safe driving
- encourage your department of motor vehicles to include "Share the Road" messages in driver tests and correspondence with drivers
- ask city planners and traffic engineers for traffic calming ideas
- encourage your community to use cameras to catch speeders and red light runners

5. Was it easy for you to use your bike?

No maps, signs, or road markings to help me find my way
No safe or secure place to leave my bicycle at my destination
No way to take my bicycle with me on the bus or train
Scary dogs
Hard to find a direct route I liked
Route was too hilly

- plan your route ahead of time
- find somewhere close by to lock your bike; never leave it unlocked
- report scary dogs to the animal control department
- learn to use all of your gears!

- ask your community to publish a local bike map
- ask your public works department to install bike parking racks at key destinations; work with them to identify locations
- petition your transit agency to install bike racks on all their buses
- plan your local route network to minimize the impact of steep hills
- establish or join a bicycle user group (BUG) at your workplace

6. What did you do to make your ride safer?

Wore a bicycle helmet
Obeyed traffic signals and signs
Rode in a straight line (didn't weave)
Signaled my turns
Rode with (not against) traffic
Used lights, if riding at night
Wore reflective materials and bright clothing
Was courteous to other travelers (motorists, skaters, pedestrians, etc.)

- go to your local bike shop and buy a helmet; get lights and reflectors if you are expecting to ride at night
- always follow the rules of the road and set a good example
- take a class to improve your riding skills and knowledge

- ask the police to enforce bicycle laws
- encourage your school or youth agencies to teach bicycle safety (on-bike)
- start or join a local bicycle club
- become a bicycle safety instructor



Need some guidance?
These resources might help...

Great Resources

STREET DESIGN AND BICYCLE FACILITIES

American Association of State Highway and Transportation Officials
444 North Capitol Street, NW, Suite 249
Washington, DC 20001
Tel: (202) 624-5800
www.aashto.org

Institute of Transportation Engineers
1099 14th Street, NW, Suite 300 West
Washington, DC 20005-3438
Tel: (202) 289-0222
www.ite.org

Association of Pedestrian and Bicycle Professionals (APBP)
P.O. Box 23576
Washington, DC 20026
Tel: (202) 366-4071
www.apbp.org

Pedestrian and Bicycle Information Center (PBIC)
UNC Highway Safety Research Center
730 Airport Road, Suite 300
Campus Box 3430
Chapel Hill, NC 27599-3430
Tel: (919) 962-2202
www.pedbikeinfo.org
www.bicyclinginfo.org

Federal Highway Administration
400 Seventh Street, SW
Washington, DC 20590
www.fhwa.dot.gov/environment/bikeped/index.htm

EDUCATION AND SAFETY

National Highway Traffic Safety Administration
400 Seventh Street, SW
Washington, D.C. 20590
Tel: (202) 366-1739
www.nhtsa.dot.gov/people/injury/pedbimot/bike/

League of American Bicyclists
1612 K Street NW, Suite 401
Washington, DC 20006
Tel: (202) 822-1333
www.bikeleague.org

National Bicycle Safety Network
www.cdc.gov/ncipc/bike/default.htm

National Safe Kids Campaign
1301 Pennsylvania Ave NW, Suite 1000
Washington, DC 20004
Tel: (202) 662-0600
www.safekids.org

PATHS AND TRAILS

Rails to Trails Conservancy
1100 17th Street SW, 10th Floor
Washington, DC 20036
Tel: (202) 331-9696
www.railtrails.org

National Park Service
Rivers, Trails and Conservation Assistance Program
1849 C Street, NW, MS-3622
Washington, DC 20240
www.nrc.nps.gov/rtca/rtca-ofh.htm

HEALTH

Centers for Disease Control and Prevention
Division of Nutrition and Physical Activity
4770 Buford Highway, NE
Atlanta, GA 30341-3724
www.cdc.gov/nccdphp/dnpa
Tel: (770) 488-5692

National Center for Injury Prevention and Control
Childhood Injury Prevention
4770 Buford Highway, NE
Atlanta, GA 30341
www.cdc.gov/ncipc

ADVOCACY AND USER GROUPS

Thunderhead Alliance
1612 K Street, NW, Suite 401
Washington, DC 20006
Tel: (202) 822-1333
www.thunderheadalliance.org

League of American Bicyclists
1612 K Street, NW, Suite 401
Washington, DC 20006
Tel: (202) 822-1333
www.bikeleague.org

National Center for Bicycling and Walking
1506 21st Street, NW, Suite 200
Washington, DC 20036
Tel: (202) 463-6622
www.bikewalk.org

Surface Transportation Policy Project
1100 17th Street, NW, 10th Floor
Washington, DC 20036
Tel: (202) 466-2636
www.transact.org

OTHER USEFUL RESOURCES

Bikes and transit: www.bikemap.com

Bicycle information: www.bicyclinginfo.org

Bicycle-related research:
www.tfhr.gov/safety/pedbike/pedbike.htm

Bicycling Magazine: www.bicycling.com/

Bicycle touring:
Adventure Cycling Association
P.O. Box 8308
Missoula, MT 59807
(800) 755-2453
(406) 721-8754
www.adv-cycling.org

Walkability Checklist

How walkable is your community?

Take a walk with a child and decide for yourselves.

Everyone benefits from walking. But walking needs to be safe and easy. Take a walk with your child and use this checklist to decide if your neighborhood is a friendly place to walk. Take heart if you find problems, there are ways you can make things better.

Getting started:

First, you'll need to pick a place to walk, like the route to school, a friend's house or just somewhere fun to go.

The second step involves the checklist. Read over the checklist before you go, and as you walk, note the locations of things you would like to change. At the end of your walk, give each question a rating. Then add up the numbers to see how you rated your walk overall.

After you've rated your walk and identified any problem areas, the next step is to figure out what you can do to improve your community's score. You'll find both immediate answers and long-term solutions under "Improving Your Community's Score..." on the third page.



Partnership for a
Walkable America



Pedestrian and Bicycle Information Center



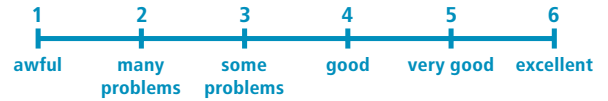
U.S. Department
of Transportation

Take a walk and use this checklist to rate your neighborhood's walkability.

How walkable is your community?

Location of walk _____

Rating Scale:



1. Did you have room to walk?

- ☐ Yes ☐ Some problems:
- ☐ Sidewalks or paths started and stopped
 - ☐ Sidewalks were broken or cracked
 - ☐ Sidewalks were blocked with poles, signs, shrubbery, dumpsters, etc.
 - ☐ No sidewalks, paths, or shoulders
 - ☐ Too much traffic
 - ☐ Something else _____
- Locations of problems: _____

Rating: (circle one) _____
1 2 3 4 5 6

4. Was it easy to follow safety rules?

Could you and your child...

- ☐ Yes ☐ No
- ☐ Yes ☐ No Cross at crosswalks or where you could see and be seen by drivers?
- ☐ Yes ☐ No Stop and look left, right and then left again before crossing streets?
- ☐ Yes ☐ No Walk on sidewalks or shoulders facing traffic where there were no sidewalks?
- ☐ Yes ☐ No Cross with the light?
- Locations of problems: _____

Rating: (circle one) _____
1 2 3 4 5 6

2. Was it easy to cross streets?

- ☐ Yes ☐ Some problems:
- ☐ Road was too wide
 - ☐ Traffic signals made us wait too long or did not give us enough time to cross
 - ☐ Needed striped crosswalks or traffic signals
 - ☐ Parked cars blocked our view of traffic
 - ☐ Trees or plants blocked our view of traffic
 - ☐ Needed curb ramps or ramps needed repair
 - ☐ Something else _____
- Locations of problems: _____

Rating: (circle one) _____
1 2 3 4 5 6

5. Was your walk pleasant?

- ☐ Yes ☐ Some unpleasant things:
- ☐ Needed more grass, flowers, or trees
 - ☐ Scary dogs
 - ☐ Scary people
 - ☐ Not well lighted
 - ☐ Dirty, lots of litter or trash
 - ☐ Something else _____
- Locations of problems: _____

Rating: (circle one) _____
1 2 3 4 5 6

3. Did drivers behave well?

- ☐ Yes ☐ Some problems: Drivers...
- ☐ Backed out of driveways without looking
 - ☐ Did not yield to people crossing the street
 - ☐ Turned into people crossing the street
 - ☐ Drove too fast
 - ☐ Sped up to make it through traffic lights or drove through traffic lights?
 - ☐ Something else _____
- Locations of problems: _____

Rating: (circle one) _____
1 2 3 4 5 6

How does your neighborhood stack up? Add up your ratings and decide.

- | | | |
|----------|-------|--|
| 1. _____ | 26-30 | Celebrate! You have a great neighborhood for walking. |
| 2. _____ | 21-25 | Celebrate a little. Your neighborhood is pretty good. |
| 3. _____ | 16-20 | Okay, but it needs work. |
| 4. _____ | 11-15 | It needs lots of work. You deserve better than that. |
| 5. _____ | 5-10 | Call out the National Guard before you walk. It's a disaster area. |

Total _____

Now that you've identified the problems,
go to the next page to find out how to fix them.

Now that you know the problems,
you can find the answers.

Improving your community's score...



1. Did you have room to walk?

Sidewalks or paths started and stopped
Sidewalks broken or cracked
Sidewalks blocked
No sidewalks, paths or shoulders
Too much traffic

What you and your child can do immediately

- pick another route for now
- tell local traffic engineering or public works department about specific problems and provide a copy of the checklist

What you and your community can do with more time

- speak up at board meetings
- write or petition city for walkways and gather neighborhood signatures
- make media aware of problem
- work with a local transportation engineer to develop a plan for a safe walking route

2. Was it easy to cross streets?

Road too wide
Traffic signals made us wait too long or did not give us enough time to cross
Crosswalks/traffic signals needed
View of traffic blocked by parked cars, trees, or plants
Needed curb ramps or ramps needed repair

- pick another route for now
- share problems and checklist with local traffic engineering or public works department
- trim your trees or bushes that block the street and ask your neighbors to do the same
- leave nice notes on problem cars asking owners not to park there

- push for crosswalks/signals/parking changes/curb ramps at city meetings
- report to traffic engineer where parked cars are safety hazards
- report illegally parked cars to the police
- request that the public works department trim trees or plants
- make media aware of problem

3. Did drivers behave well?

Backed without looking
Did not yield
Turned into walkers
Drove too fast
Sped up to make traffic lights or drove through red lights

- pick another route for now
- set an example: slow down and be considerate of others
- encourage your neighbors to do the same
- report unsafe driving to the police

- petition for more enforcement
- request protected turns
- ask city planners and traffic engineers for traffic calming ideas
- ask schools about getting crossing guards at key locations
- organize a neighborhood speed watch program

4. Could you follow safety rules?

Cross at crosswalks or where you could see and be seen
Stop and look left, right, left before crossing
Walk on sidewalks or shoulders facing traffic
Cross with the light

- educate yourself and your child about safe walking
- organize parents in your neighborhood to walk children to school

- encourage schools to teach walking safely
- help schools start safe walking programs
- encourage corporate support for flex schedules so parents can walk children to school

5. Was your walk pleasant?

Needs grass, flowers, trees
Scary dogs
Scary people
Not well lit
Dirty, litter



- point out areas to avoid to your child; agree on safe routes
- ask neighbors to keep dogs leashed or fenced
- report scary dogs to the animal control department
- report scary people to the police
- report lighting needs to the police or appropriate public works department
- take a walk with a trash bag
- plant trees, flowers in your yard

- request increased police enforcement
- start a crime watch program in your neighborhood
- organize a community clean-up day
- sponsor a neighborhood beautification or tree-planting day
- begin an adopt-a-street program

A Quick Health Check

Could not go as far or as fast as we wanted
Were tired, short of breath or had sore feet or muscles

- start with short walks and work up to 30 minutes of walking most days
- invite a friend or child along

- get media to do a story about the health benefits of walking
- call parks and recreation department about community walks
- encourage corporate support for employee walking programs

Need some guidance?
These resources might help...

Great Resources

WALKING INFORMATION

Pedestrian and Bicycle Information Center (PBIC)
UNC Highway Safety Research Center
730 Airport Road, Suite 300
Campus Box 3430
Chapel Hill, NC
27599-3430
Phone: (919) 962-2202
www.pedbikeinfo.org
www.walkinginfo.org

National Center for
Bicycling and
Walking
Campaign to Make
America Walkable
1506 21st Street, NW
Suite 200
Washington, DC 20036
Phone: (800) 760-NBPC
www.bikefed.org

WALK TO SCHOOL DAY WEB SITES

USA event: www.walktoschool-usa.org
International: www.iwalktoschool.org

STREET DESIGN AND TRAFFIC CALMING

Federal Highway Administration
Pedestrian and Bicycle Safety Research Program
HSR - 20
6300 Georgetown Pike
McLean, VA 22101
www.fhwa.dot.gov/environment/bikeped/index.htm

Institute of Transportation Engineers
www.ite.org

Surface Transportation Policy Project
www.transact.org

Transportation for Livable Communities
www.tlcnetwork.org

ACCESSIBLE SIDEWALKS

US Access Board
1331 F Street, NW
Suite 1000
Washington, DC 20004-1111
Phone: (800) 872-2253;
(800) 993-2822 (TTY)
www.access-board.gov



PEDESTRIAN SAFETY

National Highway Traffic Safety Administration
Traffic Safety Programs
400 Seventh Street, SW
Washington, DC 20590
Phone: (202) 662-0600
www.nhtsa.dot.gov/people/injury/pedbimot/ped

National SAFE KIDS Campaign
1301 Pennsylvania Ave. NW
Suite 1000
Washington, DC 20004
Phone: (202) 662-0600
Fax: (202) 393-2072
www.safekids.org

WALKING AND HEALTH

Centers for Disease Control and Prevention
Division of Nutrition and Physical Activity
Phone: (888) 232-4674
www.cdc.gov/nccdphp/dnpa/readysset
www.cdc.gov/nccdphp/dnpa/kidswalk/index.htm

Prevention Magazine
33 East Minor Street
Emmaus, PA 18098
www.itsallaboutprevention.com

Shape Up America!
6707 Democracy
Boulevard
Suite 306
Bethesda, MD
20817
www.shapeup.org

WALKING COALITIONS

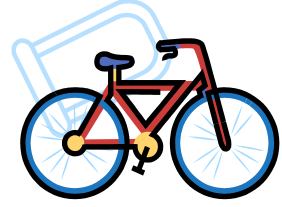
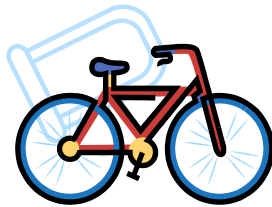
America Walks
P.O. Box 29103
Portland, Oregon
97210
Phone: (503) 222-1077
www.americawalks.org

Partnership for a Walkable America
National Safety Council
1121 Spring Lake Drive
Itasca, IL 60143-3201
Phone: (603) 285-1121
www.nsc.org/walkable.htm



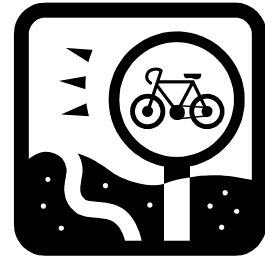
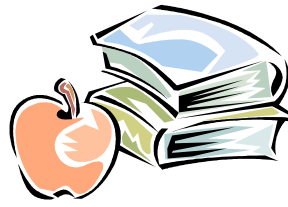
Healthy Communities – Moses Lake

Community Inventory Protocol



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Healthy Communities – Moses Lake

Community Inventory Protocol

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I. Background Information

The community inventory/audit is part of the assessment process for the Healthy Communities - Moses Lake Project. Assessment is the process of gathering information to better understand the strengths and needs of ML with regard to factors that influence nutrition and physical activity choices (policies and environment). The community inventory tool is separated into 1) information that is not limited to a given section of ML, and 2) information that can be limited to a given section of ML. Volunteers for the community inventory will help collect information noted in item 2 above. The Healthy Communities – Moses Lake Advisory Committee will consider information collected from this audit, in addition to other information collected during the assessment, to decide areas of need and which pilot project(s) are best suited for the community.

Information on the following factors that influence nutrition and physical activity choices will be collected:

- Community walkability
- Community bikeability
- Location of grocery stores, eating establishments, convenience stores
- Healthful options at grocery stores, eating establishments, convenience stores
- Parking and bicycle facilities at schools, parks, grocery stores, eating establishments, convenience stores
- Location of GTA bus stops

II. Introduction to the Inventory Process

- A map of the section of the community you will audit will be provided with sufficient detail to each section leader / coordinator.

- A minimum of 2 volunteers per section will be needed. If possible, working in teams of 2 or 3 is recommended.
- The section coordinator will coordinate the audit process to ensure that the work is completed by the **Friday, August 16** deadline.
- This audit can take place in the context of assessing the walkability / bikeability of a given section of the community. If information on certain destinations within the section of the community are not collected at the time the walkability and bikeability checklists are used, this information can be collected at a later time.
- Before leaving home . . .
 - Ensure that you're familiar with the tool you'll be using. This will assist in efficient completion of the forms.
 - Ensure that you have:
 - Your detailed section map
 - Audit forms
 - Folder, clipboard, or something else to write on
 - Letter from the mayor for inquiring minds
 - Water bottle
 - Comfortable shoes
 - Sun protection for outdoor work (hat, sun screen, sunglasses)

III. Walkability and Bikeability

Decide where you'd like to walk. Walking to destinations like a route to school, a park, the grocery store, church, a neighbor's house, or the bus stop can be good destinations to walk to. Using the walkability and bikeability checklists provided, rate your walk for sidewalks, street crossings, traffic and driver behavior, safety, appeal, and overall walkability / bikeability of the route. **Make note of your starting point and your destination end point.** Each section of the community should have information on walkability AND bikeability on at least 2 distinct destinations; the information collected will provide 2 walkability scores and 2 bikeability scores for each section. *The routes to these destinations should overlap minimally.*

Tools needed:

- Walkability checklist
- Bikeability checklist

IV. Destinations

The following destinations are locations where you will want to collect certain information. For schools and parks, you will want to collect information about bicycle facilities and parking facilities. For grocery stores and markets, eating establishments (fast food and sit-down), and convenience stores you will want to collect

information about location, bicycle facilities, parking facilities, and healthful food available for purchase. For GTA bus stops, you will want to collect information about location. Several survey forms have been designed for data collection; please refer to those **before** begin the inventory in order to collect information in an efficient, systematic way. These forms are located under the *Data Collection Forms and Instructions*.

1. Schools → Appendix A
2. Parks → Appendix B
3. Grocery stores and markets → Appendix C
4. Eating establishments → Appendix D
5. Convenience stores → Appendix E
6. GTA bus stops → Appendix F

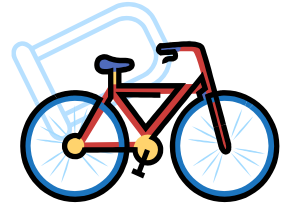
IV. Recording answers

- Tick boxes clearly to avoid misunderstandings
- Write legibly
- If you accidentally mark the wrong box, clearly cross-out the incorrect answer and mark the correct one. See example below.

<input checked="" type="checkbox"/>	Apples
<input type="checkbox"/>	Bananas
<input type="checkbox"/>	Grapes
<input checked="" type="checkbox"/>	Apricots
<input type="checkbox"/>	Peaches
- Make notes on the last page or in the margins as needed
- Be sure that you look the form over before leaving the destination to check for inadvertently skipped questions or missing answers.
- **IMPORTANT NOTE:** *If the section coordinator decides that your team has access to computer resources for data entry, please contact Caroline Tittel (206.616.1569 or cmtittel@u.washington.edu) for an electronic form created in Word and instructions for use. Otherwise, complete the forms, return them to the section coordinator, and he/she will return them to Caroline Tittel for processing.*

Healthy Communities – Moses Lake

Data Collection Forms and Instructions



Appendix A: Schools

1. Which school(s) are in this section of Moses Lake? Use the detailed section map to identify school location and then check appropriate box.

Elementary	Middle	High	College/University
<input type="checkbox"/> ₁ Garden Heights	<input type="checkbox"/> ₉ Midway	<input type="checkbox"/> ₁₂ Moses Lake	<input type="checkbox"/> ₁₄ BB Community College
<input type="checkbox"/> ₂ Knolls Vista	<input type="checkbox"/> ₁₀ Chief Moses	<input type="checkbox"/> ₁₃ Columbia Basin Alternative	
<input type="checkbox"/> ₃ Lakeview Terrace	<input type="checkbox"/> ₁₁ Frontier		
<input type="checkbox"/> ₄ North			
<input type="checkbox"/> ₅ Larson Heights			
<input type="checkbox"/> ₆ Longview			
<input type="checkbox"/> ₇ Discover			
<input type="checkbox"/> ₈ Peninsula			

2. What kind of bicycle facilities are available and how many?

a) School number: _____	Number
<input type="checkbox"/> Bike lockers	_____
<input type="checkbox"/> U rails	_____
<input type="checkbox"/> Bike racks or stands	_____
<input type="checkbox"/> None	_____

b) School number: _____	Number
<input type="checkbox"/> Bike lockers	_____
<input type="checkbox"/> U rails	_____
<input type="checkbox"/> Bike racks or stands	_____
<input type="checkbox"/> None	_____

c) School number: _____	Number
<input type="checkbox"/> Bike lockers	_____
<input type="checkbox"/> U rails	_____
<input type="checkbox"/> Bike racks or stands	_____
<input type="checkbox"/> None	_____

3. How many car parking facilities are available (approx)?

a) School number: _____	b) School number: _____	c) School number: _____
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1-25	<input type="checkbox"/> 1-25	<input type="checkbox"/> 1-25
<input type="checkbox"/> 26-50	<input type="checkbox"/> 26-50	<input type="checkbox"/> 26-50
<input type="checkbox"/> 51-75	<input type="checkbox"/> 51-75	<input type="checkbox"/> 51-75
<input type="checkbox"/> 76-100	<input type="checkbox"/> 76-100	<input type="checkbox"/> 76-100
<input type="checkbox"/> ≥101	<input type="checkbox"/> ≥101	<input type="checkbox"/> ≥101

Notes:

Appendix B: Parks

1. Which park(s) are in this section of Moses Lake? Use the detailed section map to identify park locations and then check appropriate box.

<input type="checkbox"/> ₁ Basin Homes Park	<input type="checkbox"/> ₈ John E. Calbom Park	<input type="checkbox"/> ₁₅ Montlake Park
<input type="checkbox"/> ₂ Connelly Park	<input type="checkbox"/> ₉ Juniper Park	<input type="checkbox"/> ₁₆ Lower Peninsula Park
<input type="checkbox"/> ₃ Carl T. Ahlers Park	<input type="checkbox"/> ₁₀ Knolls Vista Park	<input type="checkbox"/> ₁₇ Larson Playfield/ Peninsula Park
<input type="checkbox"/> ₄ Carpenter Park	<input type="checkbox"/> ₁₁ Laguna Park	<input type="checkbox"/> ₁₈ Moses Lake Community Park
<input type="checkbox"/> ₅ Cascade Park	<input type="checkbox"/> ₁₂ Lakeview	<input type="checkbox"/> ₁₉ Paul Lauzier Athletic Complex
<input type="checkbox"/> ₆ Gillette Park	<input type="checkbox"/> ₁₃ Neppel Park	
<input type="checkbox"/> ₇ Hayden Park	<input type="checkbox"/> ₁₄ McCosh Park	

2. What kind of bicycle facilities are available and how many?

a) Park number: _____	Number
<input type="checkbox"/> Bike lockers	_____
<input type="checkbox"/> U rails	_____
<input type="checkbox"/> Bike racks or stands	_____
<input type="checkbox"/> None	_____

b) Park number: _____	Number
<input type="checkbox"/> Bike lockers	_____
<input type="checkbox"/> U rails	_____
<input type="checkbox"/> Bike racks or stands	_____
<input type="checkbox"/> None	_____

c) Park number: _____	Number
<input type="checkbox"/> Bike lockers	_____
<input type="checkbox"/> U rails	_____
<input type="checkbox"/> Bike racks or stands	_____
<input type="checkbox"/> None	_____

3. How many car parking facilities are available (approx)?

a) Park number: _____	b) Park number: _____	c) Park number: _____
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1-25	<input type="checkbox"/> 1-25	<input type="checkbox"/> 1-25
<input type="checkbox"/> 26-50	<input type="checkbox"/> 26-50	<input type="checkbox"/> 26-50
<input type="checkbox"/> 51-75	<input type="checkbox"/> 51-75	<input type="checkbox"/> 51-75
<input type="checkbox"/> 76-100	<input type="checkbox"/> 76-100	<input type="checkbox"/> 76-100
<input type="checkbox"/> ≥101	<input type="checkbox"/> ≥101	<input type="checkbox"/> ≥101

Notes:

INSTRUCTIONS for Bicycle and Parking Facilities

Q2. Bicycle facilities

Please make note of the type and number of bicycle facilities at the destination. If no facilities are available, please check the box next to none.

Bike lockers: allows bikes and personal equipment to be locked in individual lockers or communal enclosures

U rails: rails that are mostly suspended, and attached to the ground at 2 point. **See picture below.**

Bike racks or stands: traditional bike parking racks, seated entirely on the ground. **See picture below.**

U rails



Bike rack



Q3. Car parking facilities

Estimate the number of car parking spaces there are at this store. Check the box next to the appropriate estimate.

- 0
- 1-25
- 26-50
- 51-75
- 76-100
- ≥ 101

Appendix D: Eating Establishments

Observer(s): _____

Restaurant Name and Address*: _____

Start time: _____ : _____
End time: _____ : _____

***Please note this location on the section map using a BLUE dot**

I. Initial Observations

1. How would you classify this restaurant?

- ☐ Fast-food
☐ Sit-down / family
☐ Don't Know

2. What kind of bicycle facilities are available and how many?

	Number
<input type="checkbox"/> Bike lockers	_____
<input type="checkbox"/> U rails	_____
<input type="checkbox"/> Bike racks or stands	_____
<input type="checkbox"/> None	_____

3. How many car parking facilities are available (approx)?

- ☐ 0
☐ 1-25
☐ 26-50
☐ 51-75
☐ 76-100
☐ ≥101

4. For what meal time(s) is this menu?

<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch and Dinner
<input type="checkbox"/> Breakfast and Lunch	<input type="checkbox"/> Dinner
<input type="checkbox"/> Lunch	<input type="checkbox"/> All of the above

II. Menu Items

NOTE: Please collect take-out menus if available and make note of healthy food options available. If take-out menus are not available, ask if a website is available or if you'd be permitted to borrow a copy of their in house menu.

☐ Menu obtained?

1. Does the menu label healthy or low-fat entrees?

- ☐ Yes
☐ No → Goto question II.5.

2. How many healthy or low-fat entrees are listed? _____

3. Do any of the healthy or low-fat entrees include nutritional information?

- ☐ Yes ☐ No → Goto question II.5.

4. What type of nutritional information is included? Check all that apply.

- ☐ Total calories
- ☐ Grams of fat or % calories from fat
- ☐ Grams of protein
- ☐ Grams of carbohydrate
- ☐ Fiber content
- ☐ Sodium content
- ☐ Other: _____

5. Please note the types of healthful food options (appetizers/starters, soups/salads, entrees, side dishes, beverages) available. Check all that apply. *Please feel free to ask restaurant personnel if it is not obvious from the menu how something is prepared.*

- ☐ Salad
- ☐ Light / Low-calorie dressing
- ☐ Vegetarian entrees
- ☐ Chicken/Turkey (broiled, baked, not fried)
- ☐ Fish (broiled, baked, not fried)
- ☐ Lean red meat
- ☐ Lean sandwich meat (turkey, chicken, tuna)
- ☐ Baked potato
- ☐ Soup (vegetable, lentil, potato)
- ☐ Whole wheat or high fiber breads and cereals
- ☐ Fruit
- ☐ Side vegetables (steamed, lightly sautéed in vegetable oil such as olive, canola, peanut, sesame)
- ☐ Water
- ☐ 100% fruit juice
- ☐ Herbal Tea
- ☐ Low-fat / non-fat milk
- ☐ Low-fat / non-fat yogurt
- ☐ Other _____
- ☐ Other 2 _____
- ☐ Other 3 _____

INSTRUCTIONS for Eating Establishments

Introduction

This observational survey is focused primarily on healthful food choices at restaurants though some information about facilities for physical activity will be collected. The following is a guide for completing the observational survey. Complete all sections as completely as possible. Write clearly and legibly and transfer hand written notes to electronic form as computer resources are available. Feel free to make notes on the last page of the survey form or in the margins as needed.

PLEASE NOTE: Please follow the skip patterns carefully. If no skip pattern is listed, go directly to the question immediately following.

Instructions

Observer(s): Enter the names of all volunteers

Time of day: Enter the time of day you entered the restaurant and the time of day you left the restaurant.

Store name: Enter the name of the restaurant at which you are conducting the observations.

Store address: Enter the complete mailing address of the restaurant mentioned above.

Section I: Initial Observations

Q1: Type of restaurant

Categorize the type of restaurant by checking the appropriate box. If you are unsure of the type of restaurant, check the “don’t know” response and Caroline will follow-up on this later.

Q2. Bicycle facilities

Please make note of the type and number of bicycle facilities at the store. If no facilities are available, please check the box next to none.

Bike lockers: allows bikes and personal equipment to be locked in individual lockers or communal enclosures

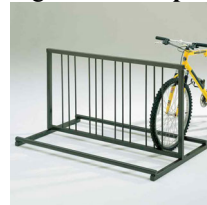
U rails: rails that are mostly suspended, and attached to the ground at 2 point. **See picture below.**

Bike racks or stands: traditional bike parking racks, seated entirely on the ground. **See picture below.**

U rails



Bike rack



Q3. Car parking facilities

Estimate the number of car parking spaces there are at this store. Check the box next to the appropriate estimate.

Q4: Menus

Check which mealtimes are on the menu you are reviewing. If multiple menus are available for the same restaurant, please obtain a copy of all menus for the audit (if available) and mark all that apply.

Section II: Menu Items

Q1: Check whether or not the menu includes healthy or low-fat entrees. These are food items that are ***specifically labeled as healthy or low-fat on the menu***. If there are such items, continue with question II.2. If there are no such items labeled as healthy or low-fat, please go to question II.5.

Q2: Indicate the number of healthy or low-fat entrees available. Be sure to only use items considered as entrees, not appetizers, desserts, side dishes, or dinner salads. Do include salads that are meals in themselves.

Q3: Check whether or not healthy or low-fat entrees include nutritional information. Nutritional information includes any

listing of the number of calories, fat grams, etc. If there is no nutritional information, please goto question II.5, otherwise continue with question II.4

Q4: Indicate which type(s) of information is provided. Check all that apply. If you select the “other” option, enter your response in the space provided.

Q5: Please note the types of healthful food options available. Look across the menu to include appetizers/starters, soups/salads, entrees, side dishes, beverages. Check all food items in the list provided that are available. If you select the “other” option, enter your response in the space provided.

Appendix E: Convenience Stores

Observer(s): _____

Convenience Store and Address*: _____

***Please note this location on the section map using a YELLOW dot**

Start time: _____ : _____
End time: _____ : _____

1. What kind of bicycle facilities are available and how many?

	Number
<input type="checkbox"/> Bike lockers	_____
<input type="checkbox"/> U rails	_____
<input type="checkbox"/> Bike racks or stands	_____
<input type="checkbox"/> None	_____

2. How many car parking facilities are available (approx)?

- ☐ 0
☐ 1-25
☐ 26-50
☐ 51-75
☐ 76-100
☐ ≥101

3. Walk through the store and please note the types of healthful food options (non-refrigerated and refrigerated) available. Check all that apply.

- ☐ Ready to eat salad
☐ Light / Low-calorie dressing
☐ Ready to eat deli sandwich with lean sandwich meat (turkey, chicken, tuna)
☐ Soup: prepared or instant (vegetable, lentil, potato)
☐ Whole grain breads/cereals/crackers
☐ Fruit (fresh, frozen, canned)
☐ Vegetables (fresh, frozen, canned)
☐ Water
☐ 100% fruit juice
☐ Tea
☐ Low-fat / non-fat milk
☐ Low-fat / non-fat yogurt
☐ Whole fruit snacks (frozen, dried)
☐ Pretzels in a bag
☐ Granola / NutraGrain Bar
☐ Nuts
☐ Other _____
☐ Other 2 _____
☐ Other 3 _____

Notes:

Appendix F: GTA Bus Stops

Information about bus schedules and stops can be found at:

<http://www.gta-ride.com/schedules.htm>

Orchid colored bus schedules (hard copies) can be obtained from City Hall. These will help to identify cross streets where GTA stops for mapping locations of bus stops throughout the community. Once the sections of the community have been decided, Caroline will identify cross streets in each section and report these to the section coordinator. Then volunteers will identify the directionality of the bus stop (e.g. NW corner of Alder, SE corner Pine) and map the location on the detailed section map.

OBSERVATIONAL PROTOCOL INSTRUCTIONS for *Grocery Stores and Markets*

Introduction

This observational survey is focused primarily on nutrition products though some information about facilities for physical activity will be collected. The initial items on the survey provide a general description of the grocery store or market. The survey is designed to assess the availability of healthful foods, the quality and price of fresh produce, and the availability of health promotion messages for vegetables and fruits.

The following is a guide for completing the observational survey. Complete all sections as completely as possible. Write clearly and legibly and transfer hand written notes to electronic form as computer resources are available. For questions where none of the item is available, enter "0" in the space provided. This will help to distinguish items with no data from those with missing data. Feel free to make notes on the last page of the survey form or in the margins as needed.

PLEASE NOTE: Please follow the skip patterns carefully. If no skip pattern is listed, go directly to the question immediately following.

Instructions

Observer(s): Enter the names of all volunteers

Time of day: Enter the time of day you entered the store and the time of day you left the store.

Store name: Enter the name of the store at which you are conducting the observations. Below are the names of grocery stores and markets noted in the Moses Lake phone book.

- | | | |
|----------------------------------|---------------------------------|------------------------|
| 1. Amber Waves Natural Food | 5. Ken's Mini-mart | 9. Safeway Food & Drug |
| 2. Cascade Valley Grocery | 6. Market Place | 10. Super 1 Foods |
| 3. Fowler's West Broadway Market | 7. North Stratford Mini | |
| 4. Grocery Outlet | 8. Patton Park Fuel and Grocery | |

Store address: Enter the complete mailing address of the store mentioned above.

Section I: Initial Observations

Q1. Store manager

Some of the initial questions will need to be answered by a store manager or close equivalent. Present the letter signed on behalf of Mayor Blackwell to this person, record their name and title.

Q2. Bicycle facilities

Please make note of the type and number of bicycle facilities at the store. If no facilities are available, please check the box next to none.

Bike lockers: allows bikes and personal equipment to be locked in individual lockers or communal enclosures

U rails: rails that are mostly suspended, and attached to the ground at 2 point. **See picture below.**

Bike racks or stands: traditional bike parking racks, seated entirely on the ground. **See picture below.**

U rails



Bike rack



Q3. Car parking facilities

Estimate the number of car parking spaces there are at this store. Check the box next to the appropriate estimate.

Q4. Square footage

Record the square footage of the store based on the responses of the manager.

OBSERVATIONAL PROTOCOL INSTRUCTIONS for *Grocery Stores and Markets*

Q5. Total window space for ads

Estimate the percentage of window space covered by ads. This includes all ads. If no windows are present, please check the 'no windows present' box and move on to section II.

Q6. Window space for healthful foods

Estimate the percentage of window space covered by ads that are for healthful foods. Healthful foods could be beverages such as water or 100% fruit juice or fruits and vegetables, etc.

Section II. Product Observations

Subsection A: Produce

Q1. Check whether or not the store offers FRESH fruits and vegetables.

Q2. Check if the fruit and vegetable section is in the front half or the back half of the store.

Q3. Please note the types of fresh fruit and vegetables available, their quality, and their price (each or per pound) in the table provided. If more than one type of fruit is available for apples, oranges, pears, melon, lettuce, or tomatoes, please note the type that is most expensive and the one that is least expensive and rate the quality and price.

- For quality, rate as 1=poor, 2=good, 3=excellent.
 - **Poor:** very dirty, mushy or wilted, a lot of damage
 - **Good:** some dirt, mostly firm and crisp, some damage
 - **Excellent:** very clean, firm and crisp, little or no damage
- For price, write the price per bunch/bag/each or price per pound. Be sure to mark the box next to the price you are noting.

Q4. Check if there are any health promotion items near the fruit and vegetable section. *A health promotion item is any item that encourages healthy diet practices, over and above what is on the label. Examples include any 5-A-Day signs (even produce bags), cards displaying nutritional value of food items, or cards identifying the best way to select and prepare foods for maximum nutrition value.*

Q5. Record the types of health promotion items. If you select the 'other' option, enter your response in the space provided.

Q6. Check whether or not the store sells DRIED FRUIT or VEGETABLES. This includes raisins, apricots, figs, prunes, tomatoes, etc. If the store doesn't sell dried fruit or vegetables, goto the next question II.a.7.

Q7. Check whether or not the store sells FROZEN VEGETABLES. If the store does not sell frozen vegetables, goto the next question II.a.8.

Q8. Check whether or not the store sells FROZEN FRUIT. If the store does not sell frozen fruit, goto the next question II.a.9.

Q9. Check whether or not the store sells CANNED VEGETABLES. If the store does not sell canned vegetables, goto the next question II.a.10.

Q10. Check whether or not the store sells CANNED FRUIT. If the store does not sell canned fruit, goto the next question II.a.11.

Q11. Check whether or not the store sell tofu. If the store does not sell tofu, goto the next subsection II.b.1.

Subsection B: Meat

Q1. Check whether or not the store sells FRESH MEATS. If the store does sell fresh meats, please proceed to question II.b.2. and check which options are available. If the store does not sell fresh meats, goto the next subsection II.c.1.

Q2. Note whether the following fresh meats are sold. *The ground beef package label must say lean or extra lean to qualify for inclusion in this section.*

- | | |
|-----------------------------------|------------------|
| • Regular ground beef | • Ground turkey |
| • Lean and extra lean ground beef | • Turkey sausage |

OBSERVATIONAL PROTOCOL INSTRUCTIONS for *Grocery Stores and Markets*

- Whole chicken
- Chicken breasts – with skin
- Chicken breasts – skinless
- Fresh fish and shellfish

Subsection C: Dairy

Q1. Check whether or not the store sells MILK PRODUCTS. If the store does sell milk products, please proceed to question II.c.2. and check which options are available and their volumes. If the store does not sell milk products, goto the next question II.c.3.

Q2. Please note the different types of milk and volumes offered at this store. *Do not consider buttermilk or acidophilus milk.* Not-fat milk is the same as skim milk. Flavored milk includes chocolate, vanilla, orange, strawberry, banana, root beer and other flavors. Soy milk and rice milk are often located in a non-refrigerated, health food section of the store in cartons.

Type of milk

- Skim / nonfat
- 1%
- 2%
- Whole
- Regular flavored
- Low-fat/non-fat flavored
- Soy
- Rice

Q3. Check whether or not the store sells other dairy products. Other dairy products include yogurt, cheese, butter or margarine. If the store does sell other dairy products, please proceed to question II.c.4 through II.c.6. If the store does not sell other dairy products, goto the next subsection II.d.1.

Q4. Please note the different types yogurt offered at this store. *Low-fat or fat-free products must be labeled as such on the package to be considered.* If the store does not offer yogurt, please proceed to next question II.c.5 and check the box next to none offered.

- Fat-free
- Low-fat
- Regular

Q5. Please note the different types of cheese offered at this store. *Cheeses include chunk and shredded cheeses only found in the cheese section, not the deli section. Low-fat or fat-free products must be labeled as such on the package to be considered. Do not considered grated parmesan cheese, cream cheese, or cottage cheese.* If the store does not offer cheese, please proceed to next question II.c.6 and check the box next to none offered.

- Fat-free
- Low-fat
- Regular

Q6. Please note the different types of butter or margarine offered at this store. If the store does not offer butter or margarine, please proceed to next subsection II.d.1 and check the box next to none offered.

- Light
- Reduced
- Regular

Subsection D: Breads and Grains

Q1. Check whether or not the store sells BREAD. *Bread includes pre-packaged sliced breads. Do not include hot dog or hamburger buns (or any other bread buns).* If the store does sell bread products, please proceed to question II.d.2. If the store does not sell bread, goto the next question II.d.3.

Q2. Please note the different types of bread offered at this store. *Please only consider bread that says on the package label **100% whole wheat** or **high in fiber for whole wheat** or **high fiber bread**. Dark breads would be pumpernickel and dark rye.*

OBSERVATIONAL PROTOCOL INSTRUCTIONS for Grocery Stores and Markets

Q3. Check whether or not the store sells RICE. If the store does sell rice, please proceed to question II.d.4. If the store does not sell rice, goto the next question II.d.5.

Q4. Please note the different types of rice offered at this store.

Q5. Check whether or not the store sells un-refrigerated PASTA. If the store does sell pasta, please proceed to question II.d.6. If the store does not sell pasta, goto the next subsection II.e.1.

Q6. Please note the different types of pasta offered at this store.

Subsection E: Beans and Peas

Q1. Check whether or not the store sells DRIED or CANNED BEANS and PEAS. Proceed to next subsection II.f.1.

Subsection F: Beverages

Q1. Check whether or not the store sells NON-ALCOHOLIC BEVERAGES in an un-refrigerated area of the store. *100% juice (fruit or vegetable) must be labeled as such on the package to be considered.* If the store does sell non-alcoholic beverages, please proceed to question II.f.2. If the store does not sell non-alcoholic beverages, goto the next question II.f.3.

Q2. Please note the types of non-alcoholic beverages offered at this store.

Q3. Check whether or not the store sells non-alcoholic FROZEN JUICE (100%). *100% juice (fruit or vegetable) must be labeled as such on the package to be considered.* Proceed to next subsection III.1.

Section III. Customer Demographics

Q1. The purpose of this section is to provide a general “picture” of who shops at this grocery store. Please check ONE selection in each column to indicate your perception of who the customers appear to be.

Notes Section

This section is reserved for general note taking. Please make notes of questions or comments as you make your way through the store.

Appendix C: OBSERVATIONAL PROTOCOL for Grocery Stores and Markets

Observer(s): _____

Store Name and Address*: _____

*Please note this location on the section map using a GREEN dot

Start time: _____ : _____

End time: _____ : _____

I. Initial Observations

1. Name and title of employee spoken to: _____

2. What kind of bicycle facilities are available and how many?

	Number
<input type="checkbox"/> Bike lockers	_____
<input type="checkbox"/> U rails	_____
<input type="checkbox"/> Bike racks or stands	_____
<input type="checkbox"/> None	_____

3. How many car parking facilities are available (approx)?

- ☐ 0
☐ 1-25
☐ 26-50
☐ 51-75
☐ 76-100
☐ ≥101

4. What is the square footage of the store? _____ ft²

5. Percent of total window area covered by all ads: _____ % ☐ No windows present → **Goto question II.a.1.**

6. Approximately what percentage of all window advertisements are for healthful foods? _____ %

II. Product Observations

a. Produce

1. Does the store offer fresh fruits and vegetables?

- ☐ Yes
☐ No fresh fruits and vegetables offered → **Goto question II.a.6.**

2. Where is the vegetable and fruit section located?

- ☐ Front of store
☐ Back of store

3. Please note the types of fruit available, their quality, and their price in the table below.

Fruit	Available?	Quality	Price
Apples, most expensive (specify _____)	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	_____ <input type="checkbox"/> each _____ <input type="checkbox"/> per pound
Apples, least expensive (specify _____)	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	_____ <input type="checkbox"/> each _____ <input type="checkbox"/> per pound
Oranges, most expensive (specify _____)	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	_____ <input type="checkbox"/> each _____ <input type="checkbox"/> per pound
Oranges, least expensive (specify _____)	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	_____ <input type="checkbox"/> each _____ <input type="checkbox"/> per pound
Pears, most expensive (specify _____)	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	_____ <input type="checkbox"/> each _____ <input type="checkbox"/> per pound

Quality Scale:
 '1 = poor'
 '2 = good'
 '3 = excellent'

Appendix C: OBSERVATIONAL PROTOCOL for Grocery Stores and Markets

Fruit	Available?	Quality	Price
Pears, least expensive (specify _____)	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	_____ <input type="checkbox"/> each _____ <input type="checkbox"/> per pound
Grapefruit	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	_____ <input type="checkbox"/> each _____ <input type="checkbox"/> per pound
Bananas	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	_____ <input type="checkbox"/> each _____ <input type="checkbox"/> per pound
Strawberries	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	_____ <input type="checkbox"/> each _____ <input type="checkbox"/> per pound
Cantaloupe	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	_____ <input type="checkbox"/> each _____ <input type="checkbox"/> per pound
Other Melon (specify _____)	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	_____ <input type="checkbox"/> each _____ <input type="checkbox"/> per pound
Peaches	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	_____ <input type="checkbox"/> each _____ <input type="checkbox"/> per pound
Kiwi	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	_____ <input type="checkbox"/> each _____ <input type="checkbox"/> per pound
Grapes	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	_____ <input type="checkbox"/> each _____ <input type="checkbox"/> per pound
Avocado	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	_____ <input type="checkbox"/> each _____ <input type="checkbox"/> per pound

Vegetables	Available?	Quality	Price
Head lettuce, most expensive (specify _____)	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	_____ <input type="checkbox"/> each _____ <input type="checkbox"/> per pound
Head lettuce, least expensive (specify _____)	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	_____ <input type="checkbox"/> each _____ <input type="checkbox"/> per pound
Tomatoes, most expensive (specify _____)	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	_____ <input type="checkbox"/> each _____ <input type="checkbox"/> per pound
Tomatoes, least expensive (specify _____)	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	_____ <input type="checkbox"/> each _____ <input type="checkbox"/> per pound
Carrots	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	_____ <input type="checkbox"/> each _____ <input type="checkbox"/> per pound
Collard Greens	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	_____ <input type="checkbox"/> each _____ <input type="checkbox"/> per pound
Mustard Greens	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	_____ <input type="checkbox"/> each _____ <input type="checkbox"/> per pound
Broccoli	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	_____ <input type="checkbox"/> each _____ <input type="checkbox"/> per pound
Cauliflower	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	_____ <input type="checkbox"/> each _____ <input type="checkbox"/> per pound
Asparagus	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	_____ <input type="checkbox"/> each _____ <input type="checkbox"/> per pound
Spinach	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	_____ <input type="checkbox"/> each _____ <input type="checkbox"/> per pound
Cabbage	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	_____ <input type="checkbox"/> each _____ <input type="checkbox"/> per pound
Green beans	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	_____ <input type="checkbox"/> each _____ <input type="checkbox"/> per pound
Onions (yellow or white)	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	_____ <input type="checkbox"/> each _____ <input type="checkbox"/> per pound

Quality Scale:
'1 = poor'
'2 = good'
'3 = excellent'

Appendix C: OBSERVATIONAL PROTOCOL for Grocery Stores and Markets

Vegetables	Available?	Quality	Price
Zucchini squash	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	_____ <input type="checkbox"/> each _____ <input type="checkbox"/> per pound
Sweet Potatoes	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	_____ <input type="checkbox"/> each _____ <input type="checkbox"/> per pound
Potatoes, Russet	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	_____ <input type="checkbox"/> each _____ <input type="checkbox"/> per pound

4. Are there health promotion items around the fruit and vegetable display?
☐ Yes
☐ No → **Goto question II.a.6.**

5. What kinds of health promotion items are there?
☐ 5-A-Day signs
☐ Nutritional Information
☐ Other, specify _____

6. Does the store sell dried fruit (raisins, apricots, figs, etc)?
☐ Yes
☐ No → **Goto question II.a.7.**

7. Does the store sell frozen vegetables?
☐ Yes
☐ No → **Goto question II.a.8.**

8. Does the store sell frozen fruit?
☐ Yes
☐ No → **Goto question II.a.9.**

9. Does the store sell canned vegetables?
☐ Yes
☐ No → **Goto question II.a.10.**

10. Does the store sell canned fruit?
☐ Yes
☐ No → **Goto question II.a.11.**

11. Does the store sell tofu?
☐ Yes
☐ No → **Goto question II.b.1.**

b. Meat

1. Does the store sell fresh meat?
☐ Yes
☐ No fresh meat offered → **Goto question II.c.1.**
2. Please note the different types of fresh meat offered by checking all boxes that apply:
☐ Regular ground beef
☐ Lean and extra lean ground beef
☐ Ground turkey
☐ Turkey sausage
☐ Whole chicken
☐ Chicken breasts – with skin
☐ Chicken breasts – skinless
☐ Fresh fish and shellfish

Appendix C: OBSERVATIONAL PROTOCOL for Grocery Stores and Markets

c. Dairy

1. Does the store sell milk products?

☐ Yes

☐ No milk products offered → **Goto question II.c.3.**

2. Please note the different types of milk and volumes offered by checking all boxes that apply:

Type of milk	Half Gallon cartons	Gallon cartons
<input type="checkbox"/> Skim / non-fat	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 1%	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 2%	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Whole	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Regular Flavored	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Low-fat/non-fat flavored	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Soy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Rice	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Does the store sell other dairy products?

☐ Yes

☐ No other dairy products offered → **Goto question II.d.1.**

4. Please note the different types of yogurt offered by checking all boxes that apply:

☐ Fat-free

☐ Lowfat

☐ Regular

☐ None offered

5. Please note the different types of cheese offered by checking all boxes that apply:

☐ Fat-free

☐ Lowfat

☐ Regular

☐ None offered

6. Please note the different butter or margarine offered by checking all boxes that apply:

☐ Light

☐ Reduced

☐ Regular

☐ None offered

d. Bread and Grains

1. Does the store sell bread?

☐ Yes

☐ No bread offered → **Goto question II.d.3.**

2. Please note the different types of bread offered by checking all boxes that apply:

☐ Whole wheat or high fiber

☐ Dark breads

☐ White

3. Does the store sell rice?

☐ Yes

☐ No rice offered → **Goto question II.d.5.**

4. Please note the different types of rice offered by checking all boxes that apply:

☐ Brown

☐ White

5. Does the store sell un-refrigerated pasta?

☐ Yes

☐ No un-refrigerated pasta offered → **Goto question II.d.7.**

6. Please note the different types of rice offered by checking all boxes that apply:

Appendix C: OBSERVATIONAL PROTOCOL for *Grocery Stores and Markets*

- ☐ Whole wheat
☐ Regular or egg

e. Beans and Peas

1. Does the store sell dried or canned beans and peas?
☐ Yes
☐ No bread offered → **Goto question II.f.1.**

f. Beverages

1. Does the store sell non-alcoholic beverages in an un-refrigerated area of the store?
☐ Yes
☐ No non-alcoholic beverages offered → **Goto question II.f.3.**
2. Please note the different types of beverages offered by checking all boxes that apply:
☐ Juice (100%)
☐ Bottled water
3. Does the store sell non-alcoholic *frozen* juice (100%)?
☐ Yes
☐ No non-alcoholic frozen beverages offered → **Goto question III.a.1.**

III. Customer Demographics

1. Please describe the make-up of the store's customers. Are they mostly

<input type="checkbox"/> Families <input type="checkbox"/> Couples <input type="checkbox"/> Singles <input type="checkbox"/> Don't Know	<input type="checkbox"/> Youth/teenage <input type="checkbox"/> Adult <input type="checkbox"/> Elderly/senior <input type="checkbox"/> Don't Know	<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Other <input type="checkbox"/> Don't Know	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> About equal <input type="checkbox"/> Don't Know	<input type="checkbox"/> Live in community <input type="checkbox"/> Come from outside the community <input type="checkbox"/> Both <input type="checkbox"/> Don't Know
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Notes:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.